FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L42288

1. Corporation Name

	CONTINE	ENTAL PRINTING SERVICES	S, INC	j.							
ŀ	Principal Place	of Business	М	ailing Address				ALBIT BIBIT ALBIT		11: 0:01:100:	
1529 CESERY BLVD. JACKSONVILLE FL 32211			1529 CESERY BLVD. JACKSONVILLE FL 32211				DO NOT WRITE IN	THIS SPACE	1		
							3. Date Incorporated or Qualifed 01/08/1990				
2. Principal Place of Business			2a	2a. Mailing Address			4. FEI Number		Appl	lied For	
21			26	¬ -			59-3061587	İ	Not.	Applicable	
-Suite, Apt. #, etc.				Suite, Apt. #, etc.				—		iditional	_
22			27				5. Certificate of Status Desired	F	ee.Req	uired	-
Ĺ	City & State	9	28	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
ť	Zip	Country		Zip Country			8. This corporation owes the current year Intangible				
24 25			29	30	i)		Personal Property Tax.	☐ Yes	. 2	No	
9. Name and Address of Current				stered Agent			10. Name and Address of New Regist	ered Agent	,		
					81	Name					
DUDUIT, JAMES L					82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
1529 CESERY BLVD											
JACKSONVILLE FL 32211					83						
						City		FL 85	Zip Co	ode	
Ł									:	agictorod	ı
-	office or re agent. I as	to the provisions of Sections 607.050/ egistered agent, or both, in the State or in familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Flori tions o	da, Such change was auth f, Section 607.0505, Florida	orized by a Statutes	rine corporation		TE			6
	office or re agent. I as	egistered agent, or both, in the State on the interest and accept the obligate accept the obligate and accept the obligate accept the obligate and accept the obligate and accept the obligate accept the obligate accept the obligate and accept the obligate	of Flori	da, Such change was auth f, Section 607.0505, Florida if applicable. (NOTE: Re	orized by a Statutes	r the corporation	n's board of directors. Thereby accept the	TE RS AND DIRI	CTOR	RS IN 12	100)
	office or re agent. I an	egistered agent, or both, in the State or familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	of Flori	da, Such change was auth f, Section 607.0505, Florida if applicable. (NOTE: Re	orized by a Statutes gistered Age	r the corporation	when reinstating) DA	TE	CTOR		(44,00)
	office or reagent. I as SIGNATURE	egistered agent, or both, in the State or familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	of Flori	da, Such change was auth f, Section 607.0505, Florida if applicable. (NOTE: Re ECTORS	orized by a Statutes gistered Age	r the corporation	when reinstating) DA	TE RS AND DIRI	CTOR	RS IN 12	224 (44 100)
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	office or reagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN DUDUIT, JAMES 1529 CESERY BLVD JACKSONVILLE FL	of Flori	da. Such change was auth f, Section 607.0505, Florida if applicable. (NOTE: ReECTORS	onzed by a Statutes gistered Age 13. 1.1 TITLE 1.2 NAME	int signature required	when reinstating) DA	TE RS AND DIRI	ECTOR	RS IN 12	DOE024 (44/00)
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

9047442466

Change

☐ Addition

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90040 017 ***150.00